

UNITED STATES ARMY RESERVE

**OFFICER DIRECT COMMISSION
APPLICATION**

SAMPLE PACKET

GENERAL REQUIREMENTS: (Officer Accession Bonus applies)

1. **AGE:** Minimum age is 18. Maximum age 42. Anyone over the age of 42 at the time of the packet submission will submit an age waiver. Presently there are no restrictions to the maximum age for which an applicant can submit a waiver request.
2. **CITIZENSHIP:** All applicants must be a US citizen or have lawfully entered the United States for permanent residence.
3. **SECURITY REQUIREMENTS:** All applicants must have at least a Secret Clearance, except those applying for MI which must have a Top Secret. Applicants can be field boarded without an approved clearance as long as the EPSQ has been submitted with fingerprint cards. Packets can be HQDA boarded with an interim secret.
4. **MENTAL QUALIFICATIONS:** Must have a GT Score of 110 or higher.
5. **EDUCATION:** Baccalaureate Degree. Applicants with less than a 4-year degree must submit all college transcripts and the results of either ACT (19) or SAT (850). Can not be over 10 years old.
6. **MORAL:** Each applicant will be of good moral character. Moral waivers will be submitted with the application and processed by HRC, St. Louis upon receipt of application. Court documentation will be submitted with waiver request.
7. **LEADERSHIP:** Applicants will possess traits as potential leaders and have the ability to deal effectively with people. Such traits will be evaluated in terms of applicant's NCOERs, letters of recommendation, background and experience.
8. **MEDICAL:** All applicants will submit an approved Chapter 2 physical and any waiver requests with application.
9. **WAIVERS:** All waivers will be submitted with the packet and processed by HRC, St. Louis once the packet is received.

PREFERRED REQUIREMENTS:

1. Have at least 60 credit hours of college
2. Not older than 40 years of age
3. Completed the appropriate NCOES.
4. NCOERs showing leadership and supervisory experience.

PROPER COVER CHECK LIST

- 1. Enlisted Appointment Application Check List.**
- 2. Civilian Appointment Application Check List.**
- 3. Reappointment Check List.**
- 4. Not Later Than 12 Months Refrad Reappointment Check List.**

**ARMY RESERVE OFFICER DIRECT COMMISSION
(Enlisted Appointment Application Checklist)**

REGION: _____

Applicant Last, First Name: _____ **GRADE:** _____ **AOC:** _____

Home Address: _____

Unit Address: _____

Applicant is: USAR TPU _____ OTHERS _____

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | DA Form 61 (3 Copies w/ Commander's Statement Signed in Block 41). |
| ___ | ___ | Photograph (DA Photo). |
| ___ | ___ | Commander Letter of Recommendation. |
| ___ | ___ | Others letter of Recommendation. |
| ___ | ___ | Waivers: Moral _____ Age _____ Medical _____ APFT _____. |
| ___ | ___ | Chronological listing of all civilian employment and degree of responsibility at each position (optional). |
| ___ | ___ | Unit Vacancy Statement to UIC _____, Paragraph _____, Line _____, |
| ___ | ___ | Position Number _____, Grade _____, MOS/SSI _____. |
| ___ | ___ | Reserve Status Statement. |
| ___ | ___ | Religious Practice Statement. |
| ___ | ___ | Residence Officer Basic course Completion statement. |
| ___ | ___ | DA Form 3575 certificate of acknowledgement and understanding (for Prior Service individuals). |
| ___ | ___ | DA Form 3574 certificate of acknowledgement and understanding (for individual with MSO). |
| ___ | ___ | Documentary evidence of education / college transcripts. |
| ___ | ___ | Minimum Qualifying score for ACT (19) SAT (850) if no 4-year degree (Not more then 10 years old). |
| ___ | ___ | Evidence of qualifying score of 110 or higher on the Army Aptitude Area GT. |
| ___ | ___ | DA Form 2-1, 2A Personnel Qualification Record. (if applicable) |
| ___ | ___ | Evaluation Reports (last 5 years NCOER's). |
| ___ | ___ | DD Form 214 or other statement of service Form, for each period of AD, AR and NG. |
| ___ | ___ | Security Clearance Investigation. |
| ___ | ___ | Preappointment Physical with HIV, Drug and Alcohol results within 24 months of DA Board. |
| ___ | ___ | Conditional release from service, other than USAR or discharge orders. |
| ___ | ___ | DA Form 6224, DA Form 6227 (Field Interview Board Documentation). |
| ___ | ___ | AGR Developmental Counseling Form 4856. |

ANCO/ ARCC OF CREDIT: _____ **Phone:** _____

I HAVE REVIEWED THIS APPLICATION.

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____

**ARMY RESERVE OFFICER DIRECT COMMISSION
(Civilian Appointment Application Checklist)**

REGION: _____

Applicant Last, First Name: _____ **AOC:** _____

Home Address: _____

Applicant is: Civilian ____ Civilian with Prior Service time ____

YES NO

- ____ DA Form 61 (3 Copies).
- ____ Photograph (Appropriate Civilian Attire).
- ____ Others letter of Recommendation.
- ____ Waivers: Moral ____ Age ____ Medical ____.
- ____ Chronological listing of all civilian employment and degree of responsibility at each position (Optional).
- ____ Unit Vacancy Statement to UIC _____, Paragraph _____, Line _____,
Position Number _____, Grade _____, MOS/SSI _____.
- ____ Religious Practice Statement.
- ____ Residence Officer Basic course Completion statement.
- ____ DA Form 3574 certificate of acknowledgement and understanding (For individual with MSO and civilians).
- ____ Documentary evidence of education / college transcripts.
- ____ Minimum Qualifying score for ACT (19) SAT (850) if no 4-year degree. (Not more than 10 years old).
- ____ Evidence of qualifying score of 110 or higher on the Army Aptitude Area GT.
- ____ DD Form 214 or other statement of service Form, for each period of AD, AR or NG (If Applicable).
- ____ Security Clearance Investigation.
- ____ Preappointment Physical with HIV, Drug and Alcohol results within 24 months of DA Board. (Optional).
- ____ DA Form 6224, DA Form 6227 (Field Interview Board Documentation, with memo).

ANCO / ARCC OF CREDIT: _____ **Phone:** _____

I HAVE REVIEWED THIS APPLICATION.

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____

**ARMY RESERVE OFFICER DIRECT COMMISSION
(Reappointment Checklist)**

REGION: _____

Applicant's Last, First Name: _____ **GRADE:** _____ **AOC:** _____

Applicant Home Address: _____

Applicant Unit Address: _____

Applicant is: USAR TPU _____ **OTHERS** _____

YES NO

___	___	DA Form 61 (3 Copies w/ Commander's Statement Signed in Block 41).
___	___	Photograph (DA Photo).
___	___	Commander Letter of Recommendation.
___	___	Others letter of Recommendation.
___	___	Waivers: Moral _____ Age _____ Medical _____ APFT _____.
___	___	Unit Vacancy Statement to UIC _____, Paragraph _____, Line _____,
___	___	Position Number _____, Grade _____, MOS/SSI _____.
___	___	Reserve Status Statement.
___	___	Religious Practice Statement.
___	___	DA Form 3575 certificate of acknowledgement and understanding (for individuals
___	___	Without a statutory service obligation.
___	___	Officer Evaluation Reports and Prior Officer paperwork.
___	___	DD Form 214 or other statement of service form, for each period of AD or Reserve.
___	___	Security Clearance Investigation.
___	___	Preappointment Physical with HIV, Drug and Alcohol results within 24 months of
___	___	DA Board.
___	___	Conditional release from service, other than USAR or discharge orders.

OANCO / ARCC OF CREDIT: _____ **Phone:** _____

I HAVE REVIEWED THIS APPLICATION.

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____

APPLICATION FOR APPOINTMENT

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED				2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable) AR 135-100					
<input type="checkbox"/>	<input type="checkbox"/>	COMMISSIONED OFFICER - REGULAR ARMY		3. GRADE FOR WHICH APPLYING (Reserve appointments only) 0-1					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	COMMISSIONED OFFICER - ARMY RESERVE		4. SOURCE OF APPLICATION (ROTC only)					
<input type="checkbox"/>	<input type="checkbox"/>	WARRANT OFFICER - REGULAR ARMY		<input type="checkbox"/>	DMG	DATE DESIGNATED:			
<input type="checkbox"/>	<input type="checkbox"/>	WARRANT OFFICER - ARMY RESERVE		<input type="checkbox"/>	SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:				
<input type="checkbox"/>	<input type="checkbox"/>	OFFICER CANDIDATE SCHOOL		5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS (List choice by MOS code and title)					
6. BRANCH AND SPECIALTY PREFERENCES				a. MOS CODE					
Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS. USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.				b. MOS TITLE					
				PERSONAL DATA					
PREFER- ENCE	BRANCH	SPECIALTY	7. NAME (Last, first, middle)(Explain variations from birth certificate in Item 41) DOE, JOHN PAUL			8. GRADE E-7	9a. SOCIAL SECURITY NUMBER 111-11-1111		
			10. BRANCH (MOS if enl or wo) 42A40	11. TOTAL YRS ACTIVE SERVICE 3	12. MARITAL STATUS M	13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE 3	9b. SELECTIVE SERVICE NUMBER N/A		
1	AD		14. DATE OF BIRTH 20 JUN 70		15. PLACE OF BIRTH (City, county, state) PENSACOLA ESCAMBIA FL		16. SEX M		
	AG		17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code) 0812 TC BN HHD MOTOR TRANS UIC: WSYKAA 1330 WESTOVER ST. CHARLOTTE, NC 28205-5124						
	AR		PHONE AND/OR AUTOVON NUMBER 704-342-5160						
	AV								
	CA		18. PERMANENT ADDRESS (Include ZIP Code) 6622 OLD SAVANNAH RD CHARLOTTE, NC 28227						
	CM		19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code) N/A						
2	EN		PHONE (Include area code) 704-536-0101						
	FA								
	FI								
	IN								
	MI		20. US CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
	MP		a. NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
	OD		b. <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> DERIVED <input type="checkbox"/> IMMIGRANT						
3	QM		c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court) N/A						
	SC		21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)						
	SS		a. HIGH SCHOOL GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		b. NAME AND LOCATION OF HIGH SCHOOL SANTA ROSA CHRISTIAN ACADEMY, MILTON, FL 32570				
	TC		c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMMA)		(1) DEGREE	(2) SEMESTER CREDITS EARNED	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE DAY MONTH YEAR	(5) MAJOR SUBJECT
	AN		BOB JONES UNIV, GREENVILLE, SC		B.S.	168	6	7 5 1997	OFFICE ADMINISTRATI
	CH								
	DE								
	JA								
	MC								
	MS								
	SP		d. SPECIAL EDUCATIONAL HONORS, SCHOLAR- SHIPS, ETC.		e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN (Continue in Item 41)(Remarks))				
	VC								
22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED									
a. NAME OF SCHOOL			b. COURSE		c. DATES (Mo-Yr) FROM TO		COMPLETED YES NO		d. IF NOT COMPLETED GIVE REASON
CO E 71, NCO ACADEMY FORT JACKSON, SC			42A ANCOG PHASE II		07 01 07 03		<input checked="" type="checkbox"/> <input type="checkbox"/>		
23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY								b. ALAT SCORE (If applicable)	

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, attach affidavit)									
25. <input checked="" type="checkbox"/> I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.									
26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.									
27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)									
		a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT	
				FROM	TO				
ENLISTED	WARRANT OFFICER	COMMISSIONED	US ARMY	02 SEP 88	01 SEP 91	71L10		E-4/AC	
f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES				g. DATE OF LAST ADL PROMOTION					
28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)									
		a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT	
				FROM	TO				
ENLISTED	WARRANT OFFICER	COMMISSIONED	US ARMY RESERVE	03 OCT 93	PRESENT	42A40		E-7/RC	
			US ARMY RESERVE CONTROL GROUP (IRR)	02 SEP 91	02 OCT 93	71L10		E-4/RC	
29. SOURCE OF CURRENT COMMISSION (If applicable)						30. AWARDS (Do not list theater or service medals)			
ARNGUS: <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT <input type="checkbox"/> OTHER						MSM, ARCOM, AAM			
USAR: <input type="checkbox"/> ROTC <input type="checkbox"/> ROTC (ECP) <input type="checkbox"/> ROTC (SMP) <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT									
31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. OCS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)				YES	NO	d. APPOINTMENT IN REGULAR ARMY		YES	NO
AS A WARRANT OFFICER					<input checked="" type="checkbox"/>	AS A WARRANT OFFICER			<input checked="" type="checkbox"/>
AS A COMMISSIONED OFFICER					<input checked="" type="checkbox"/>	AS A COMMISSIONED OFFICER			<input checked="" type="checkbox"/>
e. IF ANSWER IS "YES", EXPLAIN FULLY									
32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment) No									
33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet).									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

PHOTO

MILITARY – DA PHOTO

**CIVILIAN – ATTIRE DRESS CLOTHES
(CIVILIAN ONLY)**

ACU – ACCEPTABLE FOR SOLDIER IN THEATER



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

Office Symbol

1 October 2008

MEMORANDUM FOR: President of the Board

SUBJECT: Letter of Recommendation for Direct Appointment in the Army Reserve (Last Name, First Name, Middle Initial, 111-11-XXXX)

1. This letter is to provide Sergeant First Class John P. Doe my strongest endorsement for Direct Commission. SFC Does' proven technical skills coupled with his strong leadership make him an ideal candidate.

2. I judge SFC Doe a prime candidate based on the over twenty-four years of working with, evaluating, and mentoring Soldiers. During his mobilization supporting **OPERATION IRAQI FREEDOM**, he received General Officer recognition for his performance in a high op-tempo position that clearly demonstrated his ability to translate war fighter's needs into collectable intelligence requirements. SFC Doe is organized and detail oriented in every facet of his duty performance. SFC Doe volunteered for a tour with the National Geospatial-Intelligence Agency, applying his tactical knowledge and leveraging operational experience to broaden his professional competence in advanced geospatial-intelligence. Based on his experience, not often captured in a young Soldier, and communication skills, SFC Doe has been selected to deliver platform instruction at the National Geospatial-Intelligence College.

3. In summary, SFC Does' impressive credentials coupled with his poise, confidence, and dependability make him an outstanding candidate for the Officer Direct Commission Program. I submit this letter to the board with my highest recommendation and the utmost confidence that, if selected, SFC Doe will contribute immeasurably to the Officer Corps.

4. POC for this recommendation is the undersigned at (234) 679-3618 or (978) 654-7214, e-mail at john.b.jones@usar.army.mil.

(Signature)
JOHN B. JONES
CPT, MI, USAR
Commanding

OTHERS

LETTERS OF RECOMMENDATION

**LETTERS FROM CIVILIAN EMPLOYMENT MUST
BE ON LETTERHEAD**



DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR: President of the Board

SUBJECT: Request for Prerequisite Waiver
Request for Age Waiver
Request for Active Federal Service Waiver
(Select the appropriate one)

1. I am requesting a waiver for the prerequisite of having one year of documented maintenance shop supervisory experience. (State the type of waiver you are requesting). Example for an age Waiver; Requests for an Active Federal Service Waiver, Request for a Prerequisite Waiver (state the prerequisite you wish to waiver).

2. Anyone can request a prerequisite, AFS or age waiver, but not everyone will get them approved. Give a detailed explanation why you feel this waiver should be approved. Please note that waivers are approved only in unusual circumstances. Prerequisite waiver requests that do not give adequate justification, i.e. unusual skills, unique talents, special circumstances, etc. will probably be disapproved. With AFS waivers (required if you have 12 or more years AFS) or age waivers (required if you will be 33 or older for aviators or 46 or older for technicians, by the convene date of the board) the same principle applies and requests must be fully justified. Adequate justification might be: unusual circumstances, deployed for past year and unable to submit a packet, unusual skills, or unique talents. Asking for these waivers just because they are a part of the application will not result in approval.

4. Please continue to consider my application for Warrant Officer Candidacy.

(Signature)
JOHN R. DOE
SFC, USAR
000-00-0000



DEPARTMENT OF THE ARMY
75TH COMBAT SUPPORT HOSPITAL
2720 33RD AVENUE
GULFPORT, MISSISSIPPI 39501-4848

REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR: President of the Board

SUBJECT: Request for Exception to Policy Requiring Standard Three-Event Army Physical Fitness Test (APFT)

1. References:

- a. Army Regulation 350-1, Army Training and Education, paragraph 3-9b, 9 April 2003.
- b. Message, HQDA, DAMO-ZA, 23 June 2005, subject APFT Standards for Soldiers Enrolling in Warrant Officers Candidate School (WOCS) or Officers Candidate School (OCS).

2. I have a P2 profile with a PULHES of 112111. Physical Profile states no 2 mile run on APFT, may do alternate aerobic event of walk, swim or bike.

3. I feel in my case that the exception to policy should be considered. I have always done fairly well on all of my APFT'S (scores from 239 to 250) and I was getting ready for one when I re-injured my left knee. I consulted with my civilian doctor and a doctor from the 81st RRC and they both agreed that I tore my miscues joint and my ACL. Both doctors agreed that continuing running the 2 mile requirement for the APFT would cause more damage to my knee that what is already taken place and suggested the possibility of an alternate event. I was given a P2 profile from the 81st for the case at hand. I hand surgery on my left knee in November 04 and everything seems to be fine now and does not cause me any problems performing my duties as a Solider and in my civilian career. I am in excellent health and Fully Mission Capable what ever the job requirement is. I don't see any reason why I would not a strong asset the WARRANT OFFICER CORPS. I am a highly motivated and is very dedicated to the ARMY and to my fellow SOLIDERS.

4. I fully understand that applying for this exception to policy does not constitute an automatic approval. I further understand that I must be fully mission capable in the warrant officer specialty in which I am applying. I am fully worldwide deployable under this profile. **(This paragraph must be typed exactly as shown).**

Enclosure
DA Form 3349

JOHN R DOE
SSG, USAR
000-00-0000



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
75TH COMBAT SUPPORT HOSPITAL
2720 33RD AVENUE
GULFPORT, MISSISSIPPI 39501-4848

Office Symbol

1 October 2008

MEMORANDUM FOR President of the Board

SUBJECT: Request for Moral Waiver

1. Request a waiver for the following offense: DUI. **(indicate specifically what you were charged with. Do not simply list the Article number. You must request a moral waiver for any infractions listed on your enlistment contract or for any Article 15s, to include Summarized. A moral waiver is not required for traffic fines of \$250.00 or less. Do not include court costs).**
2. Date of the offence: 10 August 1998. **(Month and Year)**
3. Place of offence: Slidell, Louisiana **(City and State)**
4. Punishment imposed: Fined \$300.00 **(Fine amount, forfeiture amount, extra duty, letter of reprimand, etc.).**
5. Mitigating circumstances surrounding the charge: **(There are 3 points to address: (1) accepting responsibility for your actions, (2) the lessons learned, and (3) how you now contribute to your unit, community and military service).** The offence was committed while I was driving from a friends house to my residence. I submitted to a sobriety test and failed then locked up and released on bond. I was charged with DUI and received a 6 month suspended sentence and placed on probation for 2 years . I performed 32 hours of Community Service, attended a Driver's Improvement course and a Substance Abuse Program. Paid all Court Costs, documentation is included. I have accepted responsibility for the offence and have not driven after drinking since the arrest. I learned that criminal actions not only harm others but can also harm myself. I strive daily to live by the ARMY values and mentor my peers and subordinates to live by these values. I speak to young people at drill and in everyday life about drinking and driving. My experience lets my peers know the value of right from wrong. I encourage young people in the community to join the military, as it can enhance their values and life.

JOHN R. DOE
SFC, USAR
000-00-0000

**NOTE: A separate moral waiver request must be submitted for each offense.
(You will this this moral waiver request if you responded YES to Block 26 of the DA Form 61. If you responded NO, you do not need a moral waiver.)**



DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS COMPANY
84TH UNITED STATES ARMY RESERVE READINESS TRAINING COMMAND
50 SOUTH O STREET
FORT MCCOY, WISCONSIN 54656-5137

REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR President of the Board

SUBJECT: Waiver Request Requiring Standard Three-Event Army Physical Fitness Test (APFT) DOE, JOHN R., 000-00-0000

1. I endorse SFC Doe's request for requiring the standard three-event Army physical fitness test (APFT).
2. SFC Doe is fully deployable. He meets all physical requirements IAW AR 40-501 and is able to take and pass an approved APFT IAW FM 21-21. There is no alternate event for the sit-up event. SFC Doe meets height/weight standards IAW AR 600-9. SFC Doe is able to fully complete all aspects of training, to include all road marches in the prescribed gear and uniform.
3. SFC Doe has demonstrated the overall skills, knowledge and leadership capabilities necessary for becoming an outstanding Technical Warrant Officer or Direct Commission Officer. SFC Doe has held numerous positions with the 84th and is highly respected from his peers, officers and enlisted soldiers within the unit. SFC Doe constantly strives for perfection and sets the example for others to follow.
4. The letter of recommendation by the first O-5 in the chain of command should support the request and state that the applicant is physically capable of completing training and is fully deployable. Request must address the critical needs and the negative impact on the Command's ability to support the Army's war effort and transformation. It should also address that all viable means to fill the vacant position have been exhausted. Specific, quantifiable comments about the Soldier's character and tactical and technical competence should be identified to support this request.
5. SFC Doe currently has a PUHLES of 131111, and does not conduct the sit-up event (currently there are no alternate events), due to not being able to keep his fingers interlocked on his neck. SFC Doe can conduct all of his duties as a Human Resource NCO efficiently and effectively and his profile does not limit his abilities to perform these duties.
6. POC is the undersigned at 608-388-7113 or e-mail @ you.r.young@us.army.mil

Signature Block of 1st LTC in Chain

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: (Description in lay terminology) <input type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?		2. CODES (Table 7-2 AR 40-501)		3. Temporary Permanent		P	U	L	H	E	S
4. PROFILE TYPE						YES	NO				
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) (Limited to 3 months duration)						<input type="checkbox"/>	<input type="checkbox"/>				
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)						<input type="checkbox"/>	<input type="checkbox"/>				
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? (IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)						Needs MMRS	Needs MBS/FBS				
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a-f) is NO then the profile should be at least a 3)											
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON						<input type="checkbox"/>	<input type="checkbox"/>				
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILE§ (48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)						<input type="checkbox"/>	<input type="checkbox"/>				
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT						<input type="checkbox"/>	<input type="checkbox"/>				
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sand bags, etc.)						<input type="checkbox"/>	<input type="checkbox"/>				
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE						<input type="checkbox"/>	<input type="checkbox"/>				
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?						<input type="checkbox"/>	<input type="checkbox"/>				
6. APFT		YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)		YES	NO				
2 MILE RUN		<input type="checkbox"/>	<input type="checkbox"/>	APFT WALK		N/A	<input type="checkbox"/>	<input type="checkbox"/>			
APFT SIT-UPS		<input type="checkbox"/>	<input type="checkbox"/>	APFT SWIM		N/A	<input type="checkbox"/>	<input type="checkbox"/>			
APFT PUSH UPS		<input type="checkbox"/>	<input type="checkbox"/>	APFT BIKE		N/A	<input type="checkbox"/>	<input type="checkbox"/>			
7. STANDARD <u>OR</u> MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)											
UNLIMITED RUNNING		<input type="checkbox"/>	<input type="checkbox"/>	OR RUN AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
UNLIMITED WALKING		<input type="checkbox"/>	<input type="checkbox"/>	OR WALK AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
UNLIMITED BIKING		<input type="checkbox"/>	<input type="checkbox"/>	OR BIKE AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
UNLIMITED SWIMMING		<input type="checkbox"/>	<input type="checkbox"/>	OR SWIM AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)		<input type="checkbox"/>	<input type="checkbox"/>	9. LOWER BODY WEIGHT TRAINING (See FM 21-20)		<input type="checkbox"/>	<input type="checkbox"/>				
10. OTHER: e.g. Functional limitations and capabilities and other comments: (May continue on page 2)						11. THESE PARAMETERS ARE OPTIONAL, USE AS NEEDED					
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____						Lifting or carrying max weight _____ or _____ distance _____					
						Running maximum distance _____					
						Prolonged standing - maximum time per episode _____					
						Marching with standard field gear except rucksack max distance _____					
						Impact activities such as jumping max # reps in one day _____					
12. TYPE NAME & GRADE OF PROFILING OFFICER						13. SIGNATURE			14. DATE (YYYYMMDD)		
15. ACTION BY APPROVING AUTHORITY						APPROVED			NOT APPROVED		
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY						17. SIGNATURE			18. DATE (YYYYMMDD)		
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501)						YES			NO		
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT						<input type="checkbox"/>			<input type="checkbox"/>		
20. COMMENT											
<p style="text-align: center;">If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c</p>											
21. TYPE NAME & GRADE OF UNIT COMMANDER						22. SIGNATURE			23. DATE (YYYYMMDD)		
24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, first); grade; SSN; hospital or medical facility)						25. UNIT					
						26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER					
						PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.					

PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

DATE (YYYYMMDD)

CONTINUATION (From page 1, Item 10)

Army Reserve Retention and Transition Division

Load/Hold Vacancy Request Form

FOR OFFICIAL USE ONLY

PRIVACY ACT STATEMENT: Authority for collection of personal information and Social Security Number is 10 U.S.C. 3012. Disclosure by applicant is voluntary. Principle purpose is to access applicants into United States Army Reserve units. Routine uses: to document vacancy management actions and accessions in the United States Army Reserve. The Social Security Number is used for maintenance of records and the compiling of statistics.

Date Requested: **12 Mar 2009**

Date Completed:

REGION: **08**

ARCC SSN: **000-00-0000**

ARRC RSID: **U03F**

RRT0 Representative: **SFC JOSIE DOE**

RRT0 Representative Telephone: **000-000-0000**

Applicant Data

Rank/Grade: **CW2**

Name (last): **Doe**

(first): **John**

SSN: **000-00-0000**

Sex (M/F): **M**

PMOS/AOC:

ASI/SI: **O/00**

Language ID Code:

SMOS/AOC:

ASI/SI: **O/00**

Language ID Code:

AMOS/AOC:

ASI/SI: **O/00**

Language ID Code:

City (residence): **Melcher**

(state): **IA**

ZIP Code: **50163**

Unit Data

UIC: **WQZ9AA**

Unit Name: **414th Eng Det (FF)**

Priority :

Facility ID:

Unit POC: **Mr.Jonathan Doe**

Unit POC Telephone: **000-000-0000**

POC e-mail address: **jonathan.doe@usar.army.mil**

Choice ZIP: **50801-4040**

Position Data

Vacancy Control Number:

Authorized Sex (M/I/F): **I**

Override (typing, line score, etc.):

Authorized Grade: **CW3**

MOS/AOC: **420A**

ASI/SI:

Language ID Code:

Para: **101**

Line: **04**

Posn: **0035**

Type (P/A/O): **A**

Will-Train (P/N): **P**

Purpose

IRR to TPU: **Y**

IRR to IMA:

IMA to TPU:

RRC Notes

AR-RTD Notes

JOHN R. DOE

1. I understand that my present reserve status will be vacated by my acceptance of appointment.

1 October 2008

2. I understand that I must complete a resident Officer Basic Course within 24 months from the date of appointment as a lieutenant or be subject to discharge per AR 135-175 for failure to complete a basic branch course.

1 October 2008

3. Department of Defense policy is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline. The Army places high value on the rights of its members to observe the tenets of their respective religions. Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need. Policy guidelines are contained in AR 600-20 and AR 165-20. I understand that the Army cannot guarantee accommodation of religious practices.

1 October 2008

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR
UNDER THE PROVISIONS OF AR 135-100, OR 135-101, AS APPLICABLE
- INDIVIDUALS WITHOUT PRIOR SERVICE -**

For use of this form, see AR 135-100; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 651, 10 USC 270.

PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the 8-year statutory obligation.

ROUTINE USES: Information is used to establish and record the obligation incurred by the officer. The SSN is used to identify the member.

DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with the application for appointment as a commissioned or warrant officer in the USAR by all interested applicants without prior service.

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 *, there are certain service obligations that you will incur if a commission is offered and you accept. The are explained in detail below. This information should be carefully studied prior to acknowledgement.

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the service requirements contained herein.

Copies of this form with your signature will become part of your Official File if you are selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements:

1. I will incur a statutory military service obligation of 8 years commencing with the effective date of appointment.
2. Appointment under this program requires that I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect, or which may hereafter be placed into effect by proper authority.
3. I will enter on active duty for the period stipulated in my application or such lesser period as determined by the Department of the Army and upon completion of active duty I will be required to participate in the Army Reserve as follows:

a. If I am mandatorily assigned or voluntarily join a Reserve unit I will be required to attend all scheduled unit training assemblies *(at least 48 per year)* unless excused by proper authority.

b. As a member of a unit, I may be required to satisfactorily complete a period of annual active duty for training of not less than 14 days per year exclusive of travel time.

c. If I am not assigned to a unit, I will be assigned to the Individual Ready Reserve (IRR), and while so assigned I may be required to perform not more than 30 days active duty for training annually.

d. While a member of the IRR, I may be subject to assignment or reassignment to a unit.

e. For as long as I hold this appointment I am responsible for notifying my unit or IRR commander of the mailing address at which I will receive official orders and/or correspondence. It is also my responsibility to apply to and/or comply

**Enter applicable regulation that appointment is being tendered under AR 135-100, or AR 135-101.*

with all official orders and correspondence which I may receive. I understand that failure to notify my commander of an address where I can be reached or to comply with all official orders and correspondence could result in my being considered for elimination.

4. That as a Reserve Officer of the Army, I can become an officer of the Army National Guard of the United States if I am appointed and Federally recognized in the Army National Guard of a State, Puerto Rico, or the District of Columbia. I understand further that satisfactory service as a commissioned officer of the Army National Guard of the United States constitutes service in the Ready Reserve; accordingly, if Ready Reserve service in an appropriate activity of the United States Army Reserve is not available to me, I agree to accept appointment in the Army National Guard of a state (*including the District of Columbia and Puerto Rico*) in which I am residing, if tendered and to complete my Ready Reserve service as an officer of the Army National Guard of the United States.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve I may at any time be ordered to active duty involuntarily as an individual or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other condition authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned, having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve, acknowledge that all of the conditions of said appointment are understood and acceptable.

TYPED NAME OF APPLICANT (<i>Last - First - Middle Initial</i>)	SOCIAL SECURITY NUMBER
DOE JOHN P	111-11-1111
SIGNATURE	DATE
	MUST DATE

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR UNDER THE PROVISIONS OF
AR 135-100, OR AR 135-101, AS APPLICABLE - INDIVIDUALS WITHOUT A STATUTORY SERVICE OBLIGATION**
For use of this form, see AR 135-100; proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 270.

PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the service requirements.

ROUTINE USES: Information is used to establish and record the contractual service obligation incurred by the officer. The SSN is used to identify the member.

DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with application for appointment as a commissioned or warrant officer in the USAR by all interested applicants who do not have a statutory service obligation.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 * there are certain service obligations that you will incur if a commission is offered and you accept. (Applicable AR) They are explained in detail below. Individuals discharged prior to completing their statutory obligation incur a contractual obligation upon service reentry and are required to serve the number of years, months and days that were not served in their previous statutory obligation. This information should be carefully studied prior to acknowledgement.

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the contractual service requirements contained herein. Copies of this form with your signature will become part of your Official File if selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements for the entire period that I hold a USAR appointment. If an AMEDD volunteer, I agree to fulfill my contractual obligation under my active duty commitment. When I am released from active duty as an AMEDD officer, I will comply with the following USAR service requirements should a contractual obligation remain.

1. I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect or which may hereafter be placed into effect by proper authority.
2. I will enter on active duty or active duty for training when ordered by competent authority. Upon completion of active duty or active duty for training, I will participate in the Army Reserve as follows:
 - a. As a member of a Reserve Unit, I will attend all scheduled unit training assemblies *(at least 48 per year)* unless excused by proper authority.
 - b. As a member of a unit, I will satisfactorily complete one period of annual active duty for training of not less than 14 days per year exclusive of travel time.
 - c. If I am not assigned to a unit, I will be assigned to the individual Ready Reserve *(IRR)* and while so assigned, if so ordered by competent authority, will perform not more that 30 days active duty for training annually.
 - d. I will keep my commander advised of my current mailing address at which I will receive official correspondence.
 - e. I will reply to, and comply with all official orders and correspondence which I may receive.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve, I may at any time be ordered to active duty involuntarily as an individual, or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other conditions authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve acknowledge that all of the conditions of said appointment are understood and acceptable.

DATE	SOCIAL SECURITY NUMBER <div style="text-align: center;">111-11-1111</div>
NAME <i>(Typed) (Last, First, MI)</i> DOE JOHN P	SIGNATURE

**Enter applicable regulation that appointment is being tendered under (AR 135-100, or AR 135-101)*

DA FORM 2-1 OR ERB

DA FORM 2A

MUST BE UPDATED AND SIGNED

[illegible]

27. REMARKS

28.

ITEM CONTINUATION

ITEM
NO.

DATA

SECTION VI - RESERVE COMPONENT DATA (YYYYMMDD)

31a. READY RESERVE OBLIGATION EXPIRATION DATE:	
--	--

b. READY RESERVE START DATE:

c. SERVICE OBLIGATION EXPIRATION DATE:

d. MANDATORY REMOVAL FROM ACTIVE STATUS:

e. RETIREMENT YEAR ENDING DATE:

32.	
-----	--

DATE _____

33. SIGNATURE

29. DATE DA FORM 20B OR DA FORM 2-2 PREPARED: (YYYYMMDD)

PREPARED

REVIEWED

30. DATE DUPLICATE DA FORM 2-1 SUBMITTED: (YYYYMMDD)

NCOER

LAST 5 YEARS

NEED MEMO FOR ANY MISSING NCOER

+		NCO EVALUATION REPORT For use of this form, see AR 623-3 ; the proponent agency is DCS, G-1.				FOR OFFICIAL USE ONLY (FOUO) SEE PRIVACY ACT STATEMENT IN AR 623-3.		+			
PART I - ADMINISTRATIVE DATA											
a. NAME (Last, First, Middle Initial)				b. SSN		c. RANK ()		d. DATE OF RANK		e. PMOSC	
f.1. UNIT		ORG.		STATION		ZIP CODE OR APO,		MAJOR COMMAND		f.2. STATUS CODE AGR	
f.3. REASON FOR SUBMISSION											
h. PERIOD COVERED		i. RATED MONTHS		j. NON-RATED CODES		k. NO. OF ENCL		l. RATED NCO'S EMAIL ADDRESS (.gov or .mil)		m. UIC	
FROM		THRU								n. CMD CODE	
YEAR MONTH DAY		YEAR MONTH DAY								o. PSB CODE	
PART II - AUTHENTICATION											
a. NAME OF RATER (Last, First, Middle Initial)				SSN		SIGNATURE		DATE (YYYYMMDD)			
RANK		PMOSC/BRANCH		ORGANIZATION		DUTY ASSIGNMENT		RATER'S AKO EMAIL ADDRESS (.gov. or .mil)			
b. NAME OF SENIOR RATER (Last, First, Middle Initial)				SSN		SIGNATURE		DATE (YYYYMMDD)			
RANK		PMOSC/BRANCH		ORGANIZATION		DUTY ASSIGNMENT		SENIOR RATER S AKO EMAIL ADDRESS (.gov. or .mil)			
c. NAME OF REVIEWER (Last, First, Middle Initial)				SSN		SIGNATURE		DATE (YYYYMMDD)			
RANK		PMOSC/BRANCH		ORGANIZATION		DUTY ASSIGNMENT		REVIEWER'S AKO EMAIL ADDRESS (.gov. or .mil)			
d. <input type="checkbox"/> CONCUR WITH RATER AND SENIOR RATER EVALUATIONS <input type="checkbox"/> NONCONCUR WITH RATER AND/OR SENIOR RATER EVAL (See attached comments)											
e. RATED NCO: I understand my signature does not constitute agreement or disagreement with the evaluations of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials in Part II, the duty description to include the counseling dates in Part III, and the APFT and height/weight entries in Part IVc are correct. I have seen the completed report. I am aware of the appeals process of AR 623-3.						SIGNATURE		DATE (YYYYMMDD)			
PART III - DUTY DESCRIPTION (Rater)											
a. PRINCIPAL DUTY TITLE						b. DUTY MOSC					
c. DAILY DUTIES AND SCOPE (To include, as appropriate, people, equipment, facilities and dollars)											
d. AREAS OF SPECIAL EMPHASIS											
e. APPOINTED DUTIES											
f. COUNSELING DATES				INITIAL		LATER		LATER		LATER	
PART IV - ARMY VALUES/ATTRIBUTES/SKILLS/ACTIONS (Rater)											
a. ARMY VALUES. Check either "YES" or "NO". (Bullet Comments are mandatory. Substantive bullet comments are required for "NO" entries.)								YES		NO	
<div>V A L U E S Loyalty Duty Respect Selfless-Service Honor Integrity Personal Courage</div>								1. LOYALTY: Bears true faith and allegiance to the U. S. Constitution, the Army, the unit, and other Soldiers.			
								2. DUTY: Fulfills their obligations.			
								3. RESPECT/EO/EEO: Treats people as they should be treated.			
								4. SELFLESS-SERVICE: Puts the welfare of the nation, the Army, and subordinates before their own.			
								5. HONOR: Lives up to all the Army values.			
								6. INTEGRITY: Does what is right - legally and morally.			
								7. PERSONAL COURAGE: Faces fear, danger, or adversity (physical and moral).			
								Bullet comments			

RATED NCO'S NAME (Last, First, Middle Initial) +				SSN		THRU DATE		+			
PART IV (Rater) - VALUES/NCO RESPONSIBILITIES											
<i>Bullet comments are mandatory. Substantive bullet comments are required for "EXCELLENCE" or "NEEDS IMPROVEMENT."</i>											
b. COMPETENCE o Duty proficiency; MOS competency o Technical & tactical; knowledge, skills, and abilities o Sound judgment o Seeking self-improvement; always learning o Accomplishing tasks to the fullest capacity; committed to excellence <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EXCELLENCE <i>(Exceeds std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <i>(Meets std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Some)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Much)</i> <input type="checkbox"/> </div> </div>											
c. PHYSICAL FITNESS & MILITARY BEARING o Mental and physical toughness o Endurance and stamina to go the distance o Displaying confidence and enthusiasm; looks like a Soldier <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EXCELLENCE <i>(Exceeds std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <i>(Meets std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Some)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Much)</i> <input type="checkbox"/> </div> </div>				APFT		HEIGHT/WEIGHT /					
d. LEADERSHIP o Mission first o Genuine concern for Soldiers o Instilling the spirit to achieve and win o Setting the example; Be, Know, Do <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EXCELLENCE <i>(Exceeds std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <i>(Meets std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Some)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Much)</i> <input type="checkbox"/> </div> </div>											
e. TRAINING o Individual and team o Mission focused; performance oriented o Teaching Soldiers how; common tasks, duty-related skills o Sharing knowledge and experience to fight, survive and win <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EXCELLENCE <i>(Exceeds std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <i>(Meets std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Some)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Much)</i> <input type="checkbox"/> </div> </div>											
f. RESPONSIBILITY & ACCOUNTABILITY o Care and maintenance of equipment/facilities o Soldier and equipment safety o Conservation of supplies and funds o Encouraging Soldiers to learn and grow o Responsible for good, bad, right & wrong <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EXCELLENCE <i>(Exceeds std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <i>(Meets std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Some)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Much)</i> <input type="checkbox"/> </div> </div>											
PART V - OVERALL PERFORMANCE AND POTENTIAL											
a. RATER. Overall potential for promotion and/or service in positions of greater responsibility. <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> AMONG THE BEST <input type="checkbox"/> </div> <div style="text-align: center;"> FULLY CAPABLE <input type="checkbox"/> </div> <div style="text-align: center;"> MARGINAL <input type="checkbox"/> </div> </div>				e. SENIOR RATER BULLET COMMENTS <div style="height: 100px;"></div>							
b. RATER. List 3 positions in which the rated NCO could best serve the Army at his/her current or next higher grade. <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>											
c. SENIOR RATER. Overall performance				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		d. SENIOR RATER. Overall potential for promotion and/or service in positions of greater responsibility.				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1 2 3 4 5 Successful Fair Poor				1 2 3 4 5 Superior Fair Poor							

ALL DD FORM 214

IF APPLICABLE

OFFICIAL TEST RESULTS

OF ACT AND SAT SCORES

RESULTS MUST BE WITHIN 10 YEARS

REQUIRED ONLY IF NO BACHELORS
DEGREE

ALL

COLLEGE TRANSCRIPTS

SECURITY CLEARANCE VERIFICATION

IF NO SECURITY CLEARANCE MUST SUBMITT

E-QIP WITH 2 FINGER PRINT CARD (FD 258)

OR

JCAVS PERSON SUMMARY PRINT OUT

SECURITY MEMO VERIFICATION



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

Office Symbol

1 October 2008

MEMORANDUM FOR: President of the Board

SUBJECT: Verification of Security Clearance - (LAST NAME, First Name, MI, SSN, Unit)

1. A _____ security clearance has been granted to the above named individual.
2. The following investigation data is provided for your information:
 - a. Type of investigation:
 - b. Date of Investigation:
 - c. Date and Level of Clearance Granted:
3. Subject is a U.S. Citizen
4. Point of contact for this information is _____, (555) 555-5555.

(Signature)

(Signature Block of Security Officer)

? Person Summary

DOE, JOHN PAUL**Person Category**

Reserve - Enlisted (USAR)

SSN:**Open Investigation:** N/A**PSQ Sent Date:** N/A**Attestation Date:** 2003 12 18**Incident Report:** N/A**SF 713 Fin Consent Date:** N/A**SF 714 Fin Disclosure
Date:** N/A**Polygraph:** N/A**Foreign Relation:** N/A**Date of Birth:** 1972 10 20**Marital Status:** N/A**Place of Birth:** Washington**Citizenship:** U.S. Citizen**NdA Signed:** Yes**NdS Signed:** Yes

Accesses

Category	US Access	PSP	Suitability and Trustworthiness	SCI
Reserve - Enlisted (USAR)	Top Secret	No	IT: N/A Public Trust: N/A Child Care: N/A	Yes

Person Category Information

Category Classification: N/A**Organization:** WYGEBO, COL EDITH M NUTTELL USAR, 921 S 4TH AVE SW, TUMWATER, WA, 985128403**Organization Status:** N/A**Occupation Code:** N/A**Separation Date:** N/A

I CORPS SSO, FT LEWIS, WA, Level 3, 253-968-9132/4, - I Corps SSO,

SCI SMO: , NIPR: , SIPR: , JWICS:**Non-SCI SMO:** 373 MI BN, MIRC-W, Level 6, (253) 966-8583, Security Manager: mary.jane@us.army.mil .**Servicing SMO:** Yes**Office Symbol:** N/A**Position Code:** N/A**Arrival Date:** N/A**Office Phone Comm:** N/A**Separation Status:** N/A**Interim:** N/A**Grade:** E7**PS:** N/A**RNLTD:** N/A**Office Phone DSN:** N/A**TAFMSD:** N/A**Proj. Departure Date:** N/A**Proj. UIC/RUC/PASCODE:** N/A[Report Incident](#)[In/Out Process](#)

Investigation Summary

SBPR from UnKnown, Opened: 2002 02 12 Closed 2003 06 27

SSBI from UnKnown, Opened: Closed 1993 03 09

Adjudication Summary

PSI Adjudication of SBPR UnKnown, Opened 2002 02 12, Closed 2003 06 27, determined Eligibility of SCI - DCID 6/4 on 2004 05 04 ArmyCCF

PSI Adjudication of SSBI UnKnown, Opened , Closed 1993 03 09, determined Eligibility of SCI - DCID 6/4 on 1993 04 14 ArmyCCF

External Interfaces

[Perform SII Search](#)

[DCII](#)

Notice: Under the Privacy Act of 1974, you must safeguard personnel information retrieved through this system. Disclosure of information is governed by Title 5, United States Code, Section 552a Public Law 93-579, DoDD 5400.11, DoDR 5400.11-R and the applicable service directives.

REPORT OF MEDICAL HISTORY (This information is for official and medically confidential use only and will not be released to unauthorized persons.)		OMB No. 0704-0413 OMB approval expires Mar 31, 2010																																																																																																							
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.																																																																																																									
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AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN). PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.																																																																																																									
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4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code) 123 Anywhere Drive Chicago, Ill 60601	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code) Chicago Meps 123 Wabash Road Chicago Ill 606003																																																																																																								
b. HOME TELEPHONE (Include Area Code) (312) 222-4545																																																																																																									
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6.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program																																																																																																							
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TILLEY, Gary James		111-22-3333	
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO
15.a. Dizziness or fainting spells		<input type="radio"/>	<input type="radio"/>
b. Frequent or severe headache		<input type="radio"/>	<input type="radio"/>
c. A head injury, memory loss or amnesia		<input type="radio"/>	<input type="radio"/>
d. Paralysis		<input type="radio"/>	<input type="radio"/>
e. Seizures, convulsions, epilepsy or fits		<input type="radio"/>	<input type="radio"/>
f. Car, train, sea, or air sickness		<input type="radio"/>	<input type="radio"/>
g. A period of unconsciousness or concussion		<input type="radio"/>	<input type="radio"/>
h. Meningitis, encephalitis, or other neurological problems		<input type="radio"/>	<input type="radio"/>
16.a. Rheumatic fever		<input type="radio"/>	<input type="radio"/>
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)		<input type="radio"/>	<input type="radio"/>
c. Pain or pressure in the chest		<input type="radio"/>	<input type="radio"/>
d. Palpitation, pounding heart or abnormal heartbeat		<input type="radio"/>	<input type="radio"/>
e. Heart trouble or murmur		<input type="radio"/>	<input type="radio"/>
f. High or low blood pressure		<input type="radio"/>	<input type="radio"/>
17.a. Nervous trouble of any sort (anxiety or panic attacks)		<input type="radio"/>	<input type="radio"/>
b. Habitual stammering or stuttering		<input type="radio"/>	<input type="radio"/>
c. Loss of memory or amnesia, or neurological symptoms		<input type="radio"/>	<input type="radio"/>
d. Frequent trouble sleeping		<input type="radio"/>	<input type="radio"/>
e. Received counseling of any type		<input type="radio"/>	<input type="radio"/>
f. Depression or excessive worry		<input type="radio"/>	<input type="radio"/>
g. Been evaluated or treated for a mental condition		<input type="radio"/>	<input type="radio"/>
h. Attempted suicide		<input type="radio"/>	<input type="radio"/>
i. Used illegal drugs or abused prescription drugs		<input type="radio"/>	<input type="radio"/>
18. FEMALES ONLY. Have you ever had or do you now have:			
a. Treatment for a gynecological (female) disorder		<input type="radio"/>	<input type="radio"/>
b. A change of menstrual pattern		<input type="radio"/>	<input type="radio"/>
c. Any abnormal PAP smears		<input type="radio"/>	<input type="radio"/>
d. First day of last menstrual period (YYYYMMDD)			
e. Date of last PAP smear (YYYYMMDD)			
19. Have you been refused employment or been unable to hold a job or stay in school because of:			
a. Sensitivity to chemicals, dust, sunlight, etc.		<input type="radio"/>	<input type="radio"/>
b. Inability to perform certain motions		<input type="radio"/>	<input type="radio"/>
c. Inability to stand, sit, kneel, lie down, etc.		<input type="radio"/>	<input type="radio"/>
d. Other medical reasons (If yes, give reasons.)		<input type="radio"/>	<input type="radio"/>
20. Have you ever been treated in an Emergency Room? (If yes, for what?)		<input type="radio"/>	<input type="radio"/>
21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		<input type="radio"/>	<input type="radio"/>
22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)		<input type="radio"/>	<input type="radio"/>
23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)		<input type="radio"/>	<input type="radio"/>
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)		<input type="radio"/>	<input type="radio"/>
25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)		<input type="radio"/>	<input type="radio"/>
26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)		<input type="radio"/>	<input type="radio"/>
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)		<input type="radio"/>	<input type="radio"/>
28. Have you ever been denied life insurance?		<input type="radio"/>	<input type="radio"/>
29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)			

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		SOCIAL SECURITY NUMBER	
TILLEY, Gary James		111-22-3333	
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</i>			
a. COMMENTS			
b. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i>		c. SIGNATURE	d. DATE SIGNED <i>(YYYYMMDD)</i>

REPORT OF MEDICAL EXAMINATION				1. DATE OF EXAMINATION (YYYYMMDD) 20090103		2. SOCIAL SECURITY NUMBER 111-22-3333	
PRIVACY ACT STATEMENT							
AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.							
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) TILLEY, Gary James				4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) 123 Anywhere Drive Chicago, Ill 60601		5. HOME TELEPHONE NUMBER (Include Area Code) (312) 222-4545	
6. GRADE E-5	7. DATE OF BIRTH (YYYYMMDD) 19760404	8. AGE 33	9. SEX <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	10. a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> White		b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY 10 b. CIVILIAN		12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/CODE B Co. 174th Eng. BN. Ft. Sheridan, Ill 606032		
14. a. RATING OR SPECIALTY (Aviators Only)				b. TOTAL FLYING TIME		c. LAST SIX MONTHS	
15. a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program		16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) Chicago MEPS 123 Wabash Road Chicago, Ill 60603	
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)							
				Nor- mal	Ab- norm	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
17. Head, face, neck, and scalp							
18. Nose							
19. Sinuses							
20. Mouth and throat							
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)							
22. Drums (Perforation)							
23. Eyes - General (Visual acuity and refraction under items 61 - 63)							
24. Ophthalmoscopic							
25. Pupils (Equality and reaction)							
26. Ocular motility (Associated parallel movements, nystagmus)							
27. Heart (Thrust, size, rhythm, sounds)							
28. Lungs and chest (Include breasts)							
29. Vascular system (Varicosities, etc.)							
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)							
31. Abdomen and viscera (Include hernia)							
32. External genitalia (Genitourinary)							
33. Upper extremities							
34. Lower extremities (Except feet)							
35. Feet (See Item 35 Continued)							
36. Spine, other musculoskeletal							
37. Identifying body marks, scars, tattoos							
38. Skin, lymphatics							
39. Neurologic							
40. Psychiatric (Specify any personality deviation)							
41. Pelvic (Females only)							
42. Endocrine							
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class _____				35. FEET (Continued) (Circle category) Normal Arch Mild Asymptomatic Pes Cavus Moderate Pes Planus Severe Symptomatic			

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) TILLEY, Gary James										SOCIAL SECURITY NUMBER 111-22-3333																					
LABORATORY FINDINGS																															
45. URINALYSIS					a. Albumin					b. Sugar					46. URINE HCG					47. H/H					48. BLOOD TYPE						
TESTS					RESULTS										HIV SPECIMEN ID LABEL					DRUG TEST SPECIMEN ID LABEL											
49. HIV																															
50. DRUGS																															
51. ALCOHOL																															
52. OTHER																															
a. PAP SMEAR																															
b.																															
c.																															
MEASUREMENTS AND OTHER FINDINGS																															
53. HEIGHT				54. WEIGHT lbs.				55. MIN WGT - MAX WGT				MAX BF %				56. TEMPERATURE				57. PULSE											
58. BLOOD PRESSURE								59. RED/GREEN (Army Only)								60. OTHER VISION TEST															
a. 1ST		b. 2ND		c. 3RD																											
SYS.		SYS.		SYS.																											
DIAS.		DIAS.		DIAS.																											
61. DISTANT VISION								62. REFRACTION BY AUTOREFRACTION OR MANIFEST								63. NEAR VISION															
Right 20/				Corr. to 20/				By				S.				CX				Right 20/				Corr. to 20/				by			
Left 20/				Corr. to 20/				By				S.				CX				Left 20/				Corr. to 20/				by			
64. HETEROPHORIA (Specify distance)																															
ES °				EX °				R.H.				L.H.				Prism div.				Prism Conv CT				NPR				PD			
65. ACCOMMODATION								66. COLOR VISION (Test used and result)								67. DEPTH PERCEPTION (Test used and score) AFVT															
Right				Left				PIP				/14				Uncorrected				Corrected											
68. FIELD OF VISION								69. NIGHT VISION (Test used and score)								70. INTRAOCULAR TENSION															
																O.D.				O.S.											
71a. AUDIOMETER				Unit Serial Number								71b. Unit Serial Number				72a. READING ALOUD TEST															
				Date Calibrated (YYYYMMDD)												Date Calibrated (YYYYMMDD)															
HZ		500		1000		2000		3000		4000		6000		HZ		500		1000		2000		3000		4000		6000		SAT		UNSAT	
Right														Right																	
Left														Left																	
72b. VALSALVA																															
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																															

REQUEST FOR CONDITIONAL RELEASE

DD FORM 368

IF APPLICABLE

REQUEST FOR CONDITIONAL RELEASE*(Read Privacy Act Statement and Instructions on back before completing this form.)***SECTION I - REQUEST FOR RELEASE****1. SERVICE MEMBER DATA**

a. NAME <i>(Last, First, Middle Initial)</i> Doe, John R.	b. PAY GRADE E-6	c. SSN 111-11-1111	d. SERVICE COMPONENT Navy Reserve	
e. CURRENT UNIT/ COMMAND 145th	f. ADDRESS			
	(1) STREET 1405 Green Street	(2) CITY Atlanta	(3) STATE GA	(4) ZIP CODE 31222

2. RECRUITING OFFICE ADDRESS

a. STREET 1590 Adamson Parkway	b. CITY Morrow	c. STATE GA	d. ZIP CODE 31222
-----------------------------------	-------------------	----------------	----------------------

3. ACKNOWLEDGEMENT OF SERVICE MEMBER

a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I understand that I must attend all scheduled training until such time as I am enlisted or appointed into another Service. I also understand that I am to keep my current commander informed of any change in my status.

b. OFFICER MEMBER ONLY. I hereby tender my resignation from the _____ *(losing component)*; request that it be accepted contingent upon actual appointment or enlistment in the _____ *(gaining component)*, and be effective the day preceding the date of my acceptance of appointment or enlistment.

c. ENLISTED MEMBER ONLY. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.

d. MEMBER SIGNATURE	e. DATE SIGNED 081001
---------------------	--------------------------

4. RECRUITER REQUEST FOR CONDITIONAL RELEASE

a. Request conditional release to enlist/appoint member into the _____ <i>(Service/Component)</i> .		
b. NAME OF RECRUITER <i>(Last, First, Middle Initial)</i> BROWN, Joseph H.	c. SIGNATURE	d. DATE SIGNED 081001
e. TITLE Army Reserve Career Counselor		

SECTION II - APPROVAL/DISAPPROVAL**5. *(X as applicable)***

<input type="checkbox"/>	a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____.
<input type="checkbox"/>	b. DISAPPROVED. Release is not granted. <i>(Explain in "Remarks.")</i>

6. AUTHORIZING OFFICIAL

a. NAME <i>(Last, First, Middle Initial)</i>	b. TITLE			
c. TELEPHONE NUMBER <i>(Include area code)</i>	d. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
e. SIGNATURE				f. DATE SIGNED

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The member was administered the oath of enlistment or appointment into _____.
THIS FORM AND A COPY OF THE OATH MUST BE RETURNED TO THE ADDRESS IN ITEM 6.d. TO EFFECT THE MEMBER'S DISCHARGE OR WITHDRAWAL OF FEDERAL RECOGNITION.

8. CERTIFYING OFFICIAL

a. NAME <i>(Last, First, Middle Initial)</i>	b. TITLE		c. UNIT/COMMAND	
d. TELEPHONE NUMBER <i>(Include area code)</i>	e. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
f. SIGNATURE				g. DATE SIGNED

SECTION IV - REMARKS**PRIVACY ACT STATEMENT**

AUTHORITY: Title 10 USC Sec 261, 269, 271, 512, 516, 595, 651, 716, 1005, 3013, 8013, 12105, 12106, 12107, and 12213; Title 32 USC Sec 323 and Title 50 USC App 454.

PRINCIPAL PURPOSE(S): To obtain clearance from component and discharge upon entry into another component of the Military Services.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish information will result in delay or denial of release from component.

INSTRUCTIONS**GENERAL INSTRUCTIONS.**

When this form is not computer generated, use typewriter or dark ink for all entries. Enter all dates in YYMMDD format. Use full street address, city, state and ZIP code for addresses. Use last name, first name, and middle initial format. Use short title Service/Component names: USA, ARNGUS, USAR, USN, USNR, USMC, USMCR, USAF, ANGUS, USAFR, USCG, USCGR.

SECTION I. Completed by recruiter and applicant.

Item 1. Enter applicant's name, pay grade, Social Security Number, current Service/Component, and current unit/command address.

Item 2. Enter recruiter's office address, if applicable.

Item 3. For item 3.b., complete the name of the gaining and losing components. Member signs and dates appropriate blocks.

Item 4. Recruiter, if applicable, completes 4.a. through 4.e. and sends this document to the address in Item 1.e.

SECTION II. Completed by applicant's unit commander or designated representative within 30 days of receipt.

Item 5. If block 5.a. is marked, enter the ending date of this conditional release. If block 5.b. is marked, indicate in Section IV, "Remarks," the reason for disapproval and return to the originator not later than the expiration date in Item 5.a.

Item 6. Enter name, title, signature and date for authorizing official. Indicate in Items 6.c. and d. the address and telephone number for returning completed Section III. Send completed Section II to the address in Item 2.

SECTION III. Completed by enlisting/appointing official within 10 days of enlistment or appointment.

Item 7. Indicate service to which applicant was enlisted/appointed.

Item 8. Completed by individual certifying enlistment/appointment action. Certifying official ensures a copy of the completed DD Form 368 and a copy of the oath are mailed to the address in Item 6.d.

SECTION IV - REMARKS.

Use as necessary. Reference each item on the form to which the remark pertains. (For example: "Item 5.b. Disapproved for the following reason:")



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0)
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

DAAR-RT-8

1 October 2008

MEMORANDUM FOR President of the Direct Appointment Board

SUBJECT: Appointment of Direct Commissioning Interview Board

1. Authority: AR 135-100
2. Purpose: To interview applicants applying for a direct commission in the U.S. Army Reserve and to make recommendations to the U.S. Human Resources Command.
3. The following officers are appointed to the direct commission board:

<u>NAME</u>	<u>SSN</u>	<u>RANK</u>	<u>UNIT</u>	<u>POSITION</u>	<u>DUTY STATUS</u>	<u>BRANCH</u>
Harvey, Patricia A.	000-00-0000	LTC	300 th MP Bde	President	TPU	AG
Zacharias, Karl G.	000-00-0000	MAJ	HHD 645 th AG	Member	AGR	QM
Nowicki, David G.	000-00-0000	CPT	88 th RRC	Member	TPU	FI/TC

4. Applicants to be interviewed are:

<u>RANK</u>	<u>NAME</u>	<u>BRANCH</u>
SFC	Doe, John P.	AG
SSG	White, Bradley M.	QM

5. . The board convened on 1 October 2008 at the U.S. Army Reserve Center, 506 Roeder Circle, Fort Snelling, MN 55111. The uniform for the applicant's was ACU's. Point of contact per this memorandum is the undersigned at 1-800-843-2769 ext 3648 or email john.r.doe@usar.army.mil.

JOHN R. DOE
MSG, Special Missions NCOIC
REGION 8

INTERVIEW APPRAISAL SHEET M

For Use with all Applicants except Technical Experts or Specialists

NAME OF APPLICANT _____

LAST

FIRST

MIDDLE

ADDRESS OF APPLICANT _____

(Home address if civilian; organizational address if military)

This sheet will be accomplished by each board member individually to summarize his appraisal of the above-mentioned individual.

Considering the duties that this applicant will be required to perform, if accepted, where would you place him on each of the following scales? If you think that he would turn out to be the poorest officer OF HIS GRADE you ever knew, make a check mark in box 1. If you think that he would turn out to be the best officer OF HIS GRADE you ever knew, put a check mark in box 10. If you think that he would be an intermediate officer as compared with other officers IN HIS GRADE, put a check mark in of the intermediate boxes.

	1	2	3	4	5	6	7	8	9	10
1. MILITARY TRAINING BACKGROUND	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
2. MILITARY EXPERIENCE BACKGROUND	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
3. ABILITY TO WORK ON HIS OWN (RESPONSIBILITY) . .	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
4. ABILITY TO EXECUTE ORDERS	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
5. ABILITY TO GET RESULTS	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
6. OVER-ALL POTENTIALITY AS AN OFFICER	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

[] RECOMMEND

RECOMMENDATION

BOARD MEMBER _____

(CHECK): [] DO NOT RECOMMEND

SIGNATURE

BOARD MEMBER _____

PRINT OR TYPE NAME AND GRADE

INSTALLATION _____

DATE _____

DAY

MONTH

YEAR

DO NOT WRITE IN THIS SPACE

A	B	C	D	E	F
1	2	3			

NAME OF APPLICANT

(PRINT) LAST NAME

FIRST NAME

INITIAL

SSN

GRADE

UNIT AND LOCATION

DATE

NAME OF BOARD MEMBER

(PRINT) LAST NAME

FIRST NAME

INITIAL

PLACE OF EXAMINATION

A	B	C	D	E	F
1	2	3	4	5	6

INTERVIEW RECORD: OFFICER LEADERSHIP BOARD INTERVIEW, OLB-1

WORK SHEET E

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
LOWEST QUARTER					SECOND QUARTER					THIRD QUARTER					HIGHEST QUARTER				

DA FORM 6227

WORK SHEET D

I	ABILITY TO DEAL WITH EM	=====	1	2	3	4	5
II	ABILITY TO DEAL WITH JR. OFF.	=====					
III	ABILITY TO DEAL WITH SUP. OFF.	=====					

WORK SHEET C

I	APPEARANCE	=====	1	2	3	4	5
II	VOICE QUALITY	=====					
III	FACIAL EXPRESSION	=====					
IV	MANNER	=====					
V	COOPERATION	=====					
VI	COMPOSURE	=====					
VII	WORD SELECTION	=====					
VIII	LANGUAGE ORGANIZATION	=====					
IX	OBJECTIVITY	=====					

IX	1	2	3	4	5	6	7	8	9	10
VIII	1	2	3	4	5	6	7	8	9	10
VII	1	2	3	4	5	6	7	8	9	10
VI	1	2	3	4	5	6	7	8	9	10
V	1	2	3	4	5	6	7	8	9	10
IV	1	2	3	4	5	6	7	8	9	10
III	1	2	3	4	5	6	7	8	9	10
II	1	2	3	4	5	6	7	8	9	10
I	1	2	3	4	5	6	7	8	9	10

IX	1	2	3	4	5	6	7	8	9	10
VIII	1	2	3	4	5	6	7	8	9	10
VII	1	2	3	4	5	6	7	8	9	10
VI	1	2	3	4	5	6	7	8	9	10
V	1	2	3	4	5	6	7	8	9	10
IV	1	2	3	4	5	6	7	8	9	10
III	1	2	3	4	5	6	7	8	9	10
II	1	2	3	4	5	6	7	8	9	10
I	1	2	3	4	5	6	7	8	9	10

FOR OFFICIAL USE ONLY (WHEN COMPLETED)

R	W	T
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DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 6-22. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) DOE, JOHN P.	Rank/Grade SFC/E-7	Social Security No. 111-11-1111	Date of Counseling 1 October 2008
Organization Region 8, RTO, 88th RRC, Fort Snelling, MN		Name and Title of Counselor SFC Marilyn S. Knighten, Officer Accessions NCO	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

OFFICER DIRECT APPOINTMENT ACCESSION BONUS

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

I, _____, have been counseled on the Officer Accession Bonus and understand the eligibility requirements to receive this incentive per message HQDA, DAPE-MPA, 260353Z.

_____ I elect to receive the Officer Accession Bonus in AOC _____.

_____ I decline the Officer Accession Bonus.

_____ I am not eligible to receive the Officer Accession Bonus since I hold a Mil-Tech position.

_____ I understand the AOC which I am applying does not offer an Officer Accession Bonus.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below))*

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual counseled: ☒ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____ SFC JOHN P. DOE Date: _____ 1 OCT 08

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Signature of Counselor: _____ SFC MARILYN S. KNIGHTEN Date: _____ 1 OCT 08

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

CORRECTION

WRITTEN AGREEMENT **OFFICER ACCESSION BONUS** **ACKNOWLEDGEMENT**

In connection with my appointment as an officer and agreement to serve with the United States Army Reserve under the Selected Reserve Incentive Program. I hereby acknowledge that:

1. I meet the eligibility criteria, as follows:

- a. I agree to accept an appointment as an officer in the armed forces to serve in the Selected Reserve in a critical officer skill that is designated for bonus entitlement by the Secretary of the Army.
- b. I am not accepting an appointment as officer serving in the Selected Reserve for the purpose of qualifying for a military technician position where membership in a Reserve Component is a condition of employment (a one time temporary assignment as a military technician is excluded) or an Active Guard and Reserve (AGR) position.
- c. I am not being accessed for continuous active duty service.
- d. I possess a skill designated by the Secretary of the Army for bonus entitlement or I agree to accomplish the necessary training prescribed by the Secretary of the Army to achieve the designated skill within 36 months of appointment.
- e. I am not currently receiving financial assistance under chapters 1608, 1609, 1611, sections 2107, or 2107a of title 10, United Code, or special pay under section 302g of title 37, United States Code, and will not receive such assistance during the period of this agreement.

2. I shall incur the following obligations in connection with my agreement to accept an appointment as an officer serving in the Selected Reserve:

- a. I hereby agree to serve in the Selected Reserve for six years, the full period of this agreement.
- b. I shall serve satisfactorily, as prescribed by the appropriate regulations of the United States Army Reserve, for the complete period in the Selected Reserve of the United States Army Reserve according to my written agreement and in the critical skill in which accessed, unless excused for the convenience of the government.

3. I shall be paid an accession bonus, as follows:

- a. The bonus accrues beginning on the date this agreement is accepted by the Secretary of the Army.
- b. The total amount of the bonus payable under the agreement becomes fixed upon acceptance of this written agreement by the Secretary of the Army.
- c. I shall receive a bonus of \$10,000 paid in one lump sum upon my successful completion of OBC/WOBC.

CORRECTION

CORRECTION

4. If I fail to accept a commission or appointment as an officer, or I do not commence to participate, or I do not satisfactorily complete the service obligation incurred under this agreement for any of the reasons listed below, I understand that recoupment or entitlement to a portion of the bonus amount will be calculated in accordance with paragraph 5 below:

a. If I fail to participate satisfactorily in training or duty with the Selected Reserve including failure to maintain medical and dental readiness, during the entire period of the service obligation, unless the failure to participate satisfactorily was due to reasons beyond my control (e.g., death, injury, illness, or other impairment not the result of my own misconduct).

b. If I fail or fail to complete OBC/WOBC within 36 months of the date of appointment.

c. If I am involuntarily separated from the Selected Reserve unless as a result of unit inactivation, unit relocation, unit reorganization, or a DoD-directed reduction in the Selected Reserve force.

d. If I separate from the Selected Reserve for any reason (including enlistment or voluntary order to active duty in the active forces); other than by death, injury, illness or other impairment not the result of my own misconduct or an involuntary call-up or mobilization.

e. If I voluntarily move to a non-bonus skill unless the move is required by the Reserve Component.

f. If I fail to extend the contracted term of service for a period of authorized non-availability.

g. If I accept a military technician position where membership in a Reserve component is a condition of employment. (a one time temporary assignment as a military technician for 6 months or less is excluded) or an AGR position.

5. The amount to be recouped or reimbursed shall be computed as follows:

a. The number of months I have served satisfactorily during the term for which my bonus has been paid shall be multiplied by the monthly rate authorized by the particular bonus (calculated by dividing the total bonus amount by the number of months of service the member has agreed to serve).

b. That amount shall be subtracted from the total amount of bonus paid to date (initial and any subsequent payments).

c. If the calculation indicates overpayment to me, I shall refund that amount to the government of the United States. If the calculation indicates that I have earned more than I have been paid, I shall receive a final payment in that amount.

6. Termination from bonus entitlement and/or any refund made by me shall not affect my period of obligation to serve in the Ready Reserve.

7. If, subsequent to the acceptance of this agreement by the Secretary of the Army or his delegate, I am called or involuntarily ordered to active duty, I shall be paid, during that period of active duty, any amount of the bonus that becomes payable to me during that period of active duty.

CORRECTION

CORRECTION

UNDERSTANDING

I have read and understand each of the statements above and the statements contained in this agreement signed by me, and I understand that they are intended to constitute all promises or agreements whatsoever concerning my affiliation. No other promise, representation, or commitment has been made to me in connection with my affiliations bonus.

AUTHENTICATION

Signature of service representative and date

Signature of service member and date

Typed name and grade of witnessing officer

Signature and date

SAMPLE BIOGRAPHICAL SUMMARY

BIOGRAPHICAL SUMMARY

SMITH, John A. 123-45-6789

Staff Sergeant, 27D30, USAR

Date and place of Birth: 01 August 1975, Midlothian, VA

ETS Date: 19 June 2018

Present Assignment: Battery Commander, E Battery, 111th Field Artillery, 29th Infantry
Division (L) Army National Guard, Sandston, VA 23150

Years of Active Commissioned Service: 22 months

Total Years of Service: 13 years

Military Schools Attended:

US Army Airborne School, Basic Parachutist Course
US ROTC Leadership Development Assessment Course
USAFAS, Field Artillery Officer Basic Course (FAOBC)

Year Completed

1988
1998
1999

Civilian Education:

Local High School
VCU, Richmond, VA
Duke University, Durham, NC

Degree Received:

Diploma, 1995
BA in History, 1999
Master of Arts, 2002

US Decorations/Badges:

Army Meritorious Service Medal (MSM), 2 awd
Army Commendation Medal (ARCOM)
Army Achievement Medal (AAM), 3 awd
Armed Forces Expeditionary Medal (AFEM)
Armed Forces Service Medal (AFSM)
Army Reserve Component Achievement Medal, with 3 Bronze Oak Leaf Clusters (ARCAM)
National Defense Service Medal, with Bronze Service Star Device (NDSM)
Armed Forces Reserve Medal, with Bronze Hourglass, "M" Device, and "2" Device (AFRAM)
Army Service Ribbon
NATO Medal
Basic Parachutist Badge
Army Superior Unit Award

State Decorations/Badges:

Virginia Commendation Medal
Virginia Service Ribbon with Two Dogwood Blossoms (12 years)
Perfect Attendance Ribbon

Chronological list of Appointments:

Staff Sergeant	USAR	30 October 2005
Sergeant	ARNG	15 May 2003
Specialist	ARNG	30 May 2000
Specialist	US Army	12 Dec 1999

Chronological Record of Duty Assignments:

	<u>From:</u>	<u>To:</u>
• ARNG - Not on Active Duty SMP Cadet E-5	Oct 89	Sep 90
• USAR - Not on Active Duty USAR Control Group William & Mary ROTC USAR Control Group (delayed)	Sep 90 May 91	May 91 Jul 91
• ACTIVE DUTY Student Officer, USAFAS	Jul 91	Jan 92
• ARNG - Not on Active Duty Recon/Survey Officer, HHSB/1-246 FA, 29 ID (L) Fire Direction Officer, A/1-246th FA, 29 ID (L)	Jan 92 Apr 95	Apr 95 Jan 97
• ACTIVE DUTY Company Fire Support Officer, Det. 1, 1-246 th FA, Nord-Pol Bde., Bosnia, Operation JOINT GUARD	Jan 97	Sep 97
• ARNG - Not on Active Duty Fire Direction Officer, A/1-246th FA, 29 ID (L) Battalion S2, 1-246 FA, 29 ID (L) Battalion Fire Direction Officer, 1-246 FA, 29 ID (L) Battery Commander, E/111 FA, 29 ID (L)	Sep 97 Jan 98 Dec 98 Mar 01	Jan 98 Dec 98 Feb 01 Jul 02
• ARNG – Active Guard and Reserve (AGR), Title 32 Officer Strength Manager, Det 4 (R&R), STARC	Oct 03	present